

SPEAKERS BUREAU REGISTRATION

CONTACT INFORMATION

*Full Name:		Date:	
*Phone:	Fax:	Cell:	
*Email Address:			
Address:			
City:	State:	ZIP Code:	

BUSINESS INFORMATION

Organization/Agency:		
Phone:	DSN:	
Address:		
City:	State:	ZIP Code:
Website:		

SUBJECT MATTER EXPERTISE/SPECIALIZED INSTRUCTION

Topic:
Description:
Objective:
Topic:
Description:
Objective:

EXPENSE REIMBURSEMENT REQUIREMENTS

Fee: YES _____ NO _____ Amount: \$
Travel Expenses Subject to Reimbursement: YES _____ NO _____
Other Expenses:

LOGISTICAL REQUIREMENTS

Dates Unavailable:
Limited Travel Area:
Equipment Requirements:
Audio / Visual:
Logistical:
Other:

ADDITIONAL INFORMATION REQUESTED

Following electronic files are attached:		
Photograph YES ____ NO ____	Video YES ____ NO ____	Biography YES _____ NO _____ *Release BIO YES____ NO ____
Comments:		

***Full Name, email address, phone number and bio (if noted) will be provided to Government-affiliated requestors.**

Submit by: Email security.awareness@dss.mil or Fax (410) 865-3159

Contact the DSS/SETA Resource Center at security.awareness@dss.mil or 410-865-3121 for more information.